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Tier II Behavior Interventions in Head Start

While the prevalence rate of behavior problems in typically developing preschoolers is estimated to be between 10% and 15% (Campbell, 1995), the rate of behavior problems in children from low-income families is extremely alarming. Based on a review of existing literature, Qi and Kaiser (2003) estimate the prevalence rate of externalizing behavior problems in children enrolled in Head Start programs to be between 16% and 30%, while the prevalence rate of Head Start children identified with internalizing behavior problems is between 7% and 31%. These children lack important social-emotional skills such as self-regulation, self-efficacy, and pro-social behavior that are needed for successful school adjustment and future academic and social success (LaParo & Pianta, 2000).

Multi-tiered models of behavior support are comprised of distinct levels of intervention designed to prevent, respond to, and reduce problem behaviors. The models offer a continuum of support in which the intensity of each level of intervention corresponds to the intensity of the behavior (Sugai, Sprague, Horner, & Walker, 2000). Preschool-specific models focus on promoting children's abilities to effectively and appropriately communicate and regulate their emotions, build interpersonal relationships with peer and adults, and engage and persist in problem solving and challenging tasks (Hemmeter, Ostrosky, & Fox, 2006). The *Teaching Pyramid* is a strengths-based approach that aims to promote the appropriate social-emotional development of all preschool children, while simultaneously decreasing the occurrence and severity of existing behavior problems (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003). The model has four levels of prevention and intervention services aimed at addressing the diverse needs of all children. The bottom two levels constitute Tier I, or the base of the *Pyramid*, and are universal approaches that focus on developing positive relationships and supportive environments for all children. Tier II is the third level and consists of secondary interventions aimed at teaching social skills and supporting the social-emotional development of children at-risk for developing behavior problems. This is achieved through a variety of selected strategies, including direct teaching, modeling, rehearsing, role-playing, prompting, and positive feedback. Tier III, which is the top of the *Pyramid*, provides individualized positive behavior support to children with the most severe and persistent behavior problems (Fox, Dunlap, & Cushing, 2002; Hemmeter et al., 2006; Powell et al., 2006).

Due to the long-term negative outcomes of children with emotional behavior disorders, identification and intervention need to be implemented to high-risk children during the preschool years to prevent further behavior and academic problems in the future. This study sought to provide Tier II supports to children attending a Head Start center in upstate New York. Children were selected for Tier II interventions based on teacher recommendations to the Special Services Coordinator. Teachers were encouraged to use winter assessment scores (second of three data points) from the *Social Skills Improvement System Rating Scale* (SSIS; Gresham & Elliott, 2008) as a guide for selecting children.

Identified children ($n = 14$) were then placed into groups ($n = 3$) based on similar

characteristics and goals. Groups were held one time per week over the course of four months (17 sessions) in the Enrichment Room within the Head Start site. Child attendance ranged from 5 to 16 sessions. During this time children engaged in activities designed to promote various skill sets. The curriculum was designed to reduce externalizing behaviors (e.g., hitting, kicking, spitting, biting, and verbal aggression), reduce internalizing behaviors (e.g., anxiety, depression, and social withdrawal), and improve pro-social skills (e.g., identifying and expressing emotions, following rules, turn-taking, cooperation, manners, development of self-confidence, self-esteem, and self-control, and enhanced interactions with peers and adults). The activities used to reach these goals included art projects (e.g., masks, popsicle puppets), books, cooperative activities (e.g., making a spider web, rolling an 'activity die'), songs, and dances, and focused on recognition and regulation of emotions, sharing, cooperation, positive pro-social replacement behaviors, coping skills, problem-solving, and perspective taking. Underlying each of these lesson plans were basic principles of behavior management. For example, physical characteristics of the classroom were modified to reduce the chances of the occurrence of problem behaviors, and verbal and non-verbal cues were closely monitored so that emotional and behavioral problems were addressed prior to escalation.

In order to assess the progress made, an individual progress log was maintained for each child. Qualitative data was recorded following each session and included how the child did during groups, noting both challenges and progress. Following the completion of the intervention, a summary of performance and progress was compiled for each child, allowing for easy identification of individual progress and also identification of which children benefitted most. Data were further supplemented with the SSIS scores, which were collected three times throughout the year, with the Tier II intervention being implemented between the second and third assessment point.

During the fall SSIS assessment, no differences were found between children in the intervention and non-intervention groups on Total Social Skills and Total Problem Behaviors. However, by the winter assessment, SSIS data indicate significant differences between the groups on both Total Social Skills, $t(157) = 4.49, p < .05$, and Total Problem Behaviors, $t(157) = -2.42, p < .05$, suggesting that children in the intervention group were not responding to classroom-level Tier I practices. At this point, teachers made referrals for these children to be placed into Tier II intervention groups. After exposure to the intervention groups, improvements in Total Social Skills, $t(10) = -2.46, p < .05$, across all children in the intervention groups. By the end of the year, children in the intervention group were no longer significantly different from non-intervention children in Total Social Skills, $t(197) = .89, p = .374$. However, no significant changes in problem behavior occurred between the winter and spring assessments, $t(10) = -.47, p = .649$, and significant differences remained in problem behavior between children in the intervention and non-intervention group, $t(197) = -2.10, p < .05$.

Qualitative data suggests a decrease in behavior problems, especially for children suffering from internalizing behaviors. One particular child entered groups using no verbal language and minimal non-verbal communication (waving, nodding, etc.). The identified

concerns/goals for this child were increases in verbalizations, participation, English language vocabulary, and confidence. After the intervention sessions, this child is interacting in small-group settings with both adults and peers with increased verbal and non-verbal communication. The child is also more able to discuss her family, her teacher, and her emotions, many of which are spontaneous verbalizations. Specifically useful for increasing verbal communication in the limited or non-verbal children was the use of easy to follow non-verbal cues. For example, when the interactions expected of students were clear and non-verbal (e.g., “show me a happy face,” “show me a mad face”) these children were more likely to participate and feel comfortable. These marks of non-verbal progress are beneficial to students targeted for increased verbal communication.

While, there are several limitations to this study, the findings and observations from our intervention have several practical implications. It supports the use of targeted Tier II interventions aimed at promoting appropriate social-emotional development, and also serves as a foundation for developing and implementing lesson plans tailored to preschool children’s specific needs and goals.

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